SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000019785 (3) PRESTIGE CONTRACTING, INC. : [14] | [14] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] | [15] Mailing Address Principal Place of Business 905C SE 14 PLACE 905C SE 14 PLACE CAPE CORAL FL 33990 3a. Date of Last Report CAPE CORAL FL FL 3. Date incorporated or Qualified 04/25/1995 03/16/1993 Applied For 2a. Maining Address 2. Principal Place of Business Not Applicable 65-0395250 26 \$8.75 Additional Suite Ant # etc Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 03? Country Country Zip Yes No 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PENTON, FRED W Street Address (P.O. Box Number is Not Acceptable) 82 SE 45 STREET, C CAPE CORAL FL 33904 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE. (North Heigeren a Agent signer in required when resultating) (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 11106 TITLE CR2E034 1.2 NAME PENTON, FRED NAME **1723 SE 45 STREET** 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 1.4 City ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 L MILE TITLE 2.2 NAM8 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 3.1 Title TITLE 30 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY ST-ZIP CITY - ST - ZIF Change Addition 4 1 11111 DELETE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - ZIP CHTY-ST-ZIP Change Addit or DELETE 5 1 TITLE THIF 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change [_] Addition DELETE 61 THILE TILLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 City - St - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I turther certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13/if changed, or on an attachment with an address. OF SIGNING OFFICER OR DIRECTOR 7/31/96 574-0004

SIGNATURE.